



PATIENT

Monster Borges

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

16yr

WEIGHT

5.8lb

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Michael Schacher

HOSPITAL NAME

Emergency
Veterinarians of Idaho

REFERRING VET

Aglaia Cardona

INVOICE
23808

DATE
02/05/2026

PRESENTING CLINICAL SIGNS

Acute weight loss and anemia noted. Constipation per x-rays at rDVM. Normal chest x-rays

Abnormal PE/Chem/CBC/UA Results: Hypokalemia, PCV 12%, otherwise unremarkable bloodwork

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Subnormal right kidney size and normal left kidney size with asymmetrical margination was present. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Mild left kidney pyelectasia was present. The left kidney measured 3.5 cm in length. The right kidney measured 2.8 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The subjective left adrenal gland was enlarged in size with symmetrical contour and maintained homogenous parenchyma, measuring 0.70 cm in diameter. The right adrenal gland was not definitively visualized.

Spleen

Generalized splenomegaly exhibiting non-homogenous hypoechoic parenchyma and splenic folding. The spleen measured 1.2 cm in width at the level of the mid spleen.

Liver/Gallbladder

The liver was subjectively mildly enlarged. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and minor non-organized debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate non-shadowing ingesta sonographically suggestive of food echogenicity with no signs of obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material. The small intestinal wall measured 0.21 cm in width.

Normal visible colon wall layers were present with apparent formed feces in lumen.



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Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Enlarged hypoechoic folded spleen
- Hepatomegaly with minor gallbladder debris
- Sonographically normal gastrointestinal tract with non-shadowing gastric ingesta- consistent with food / chyme
- Left adrenomegaly
- Chronic renal changes with mild left kidney pyelectasia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further clarification, the spleen is highly suggestive of infiltrative round cell neoplastic criteria, i.e. lymphoma, mast cell neoplasia or other. The mild hepatomegaly is nonspecific. Assuming normal clotting status, using 25ga needle and with Benadryl pretreatment, a hepatosplenic FNA cytology is recommended for further assessment. The left adrenomegaly may be incidental or patient variant. Assessment of systemic BP for evidence of hypertension and if persistent hypokalemia, serum aldosterone level is warranted. Pending additional diagnostics, a GI panel to rule out non-structural intestinal disease given weight loss may be considered. Urinary workup recommended if not done.



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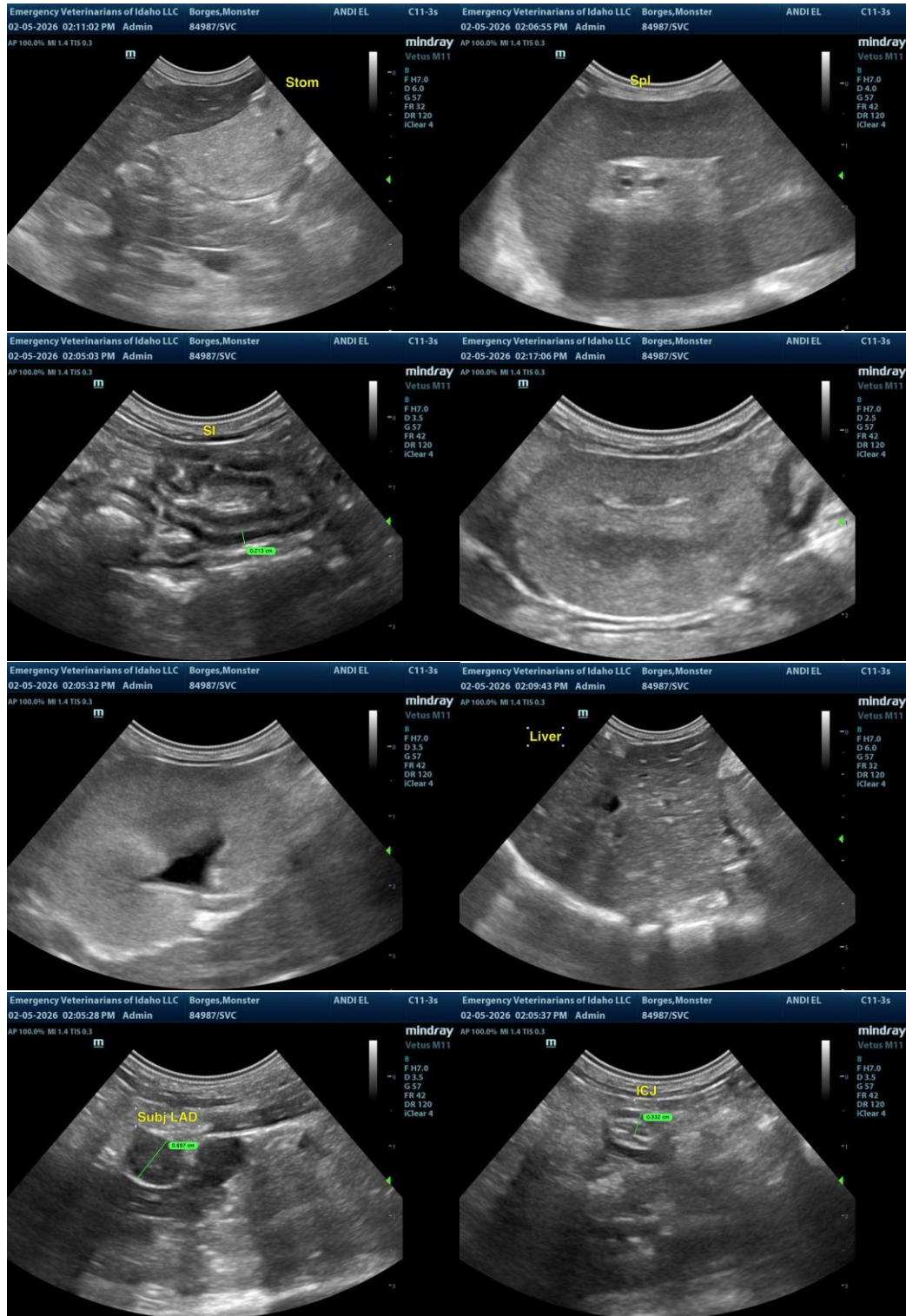
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not



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visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

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